

LCPR ATHLETIC PROGRAM REGISTRATION FORM

Program _____
Player's Name _____
Sex _____ Birth Date _____ Age _____
Address _____
Telephone (Home) _____ Mother's Work _____ Father's Work _____
Cell Phones: Mother _____ Father _____
E-Mail Address _____
Parent's Names _____
Elementary School District in which you live _____
Do you reside within Lee County? Yes _____ No _____ T-Shirt Size (circle one) YS YM YL
S M L XL
Ages: ☐ 7-8 Co-ed ☐ 9-10 ☐ 11-12 ☐ 13-14 ☐ 15-17
I am interested in being a head coach for a team: Yes _____ No _____
Did your child play on a Lee County team last year? Yes _____ No _____
If yes specify team name and/or coach's name _____

List the name of a brother/sister in the same league that you want on the same team

Amount enclosed \$ _____ Make check/money order to Lee County Parks & Recreation
(Sign waiver – below)

Any player may mail in registration form with fee. **Mail to: Lee County Parks & Recreation PO Box 1968 Sanford, NC 27331**

A late fee of \$10.00 will be charged after program registration. Players must play with team they are assigned to.

I understand that participation in this recreational program involves the risk of injury. These risks include collision with other players, being hit by the ball, falling to the ground on to a fence, scratches, bruises, etc. I further understand that before participating in this program I should consult a physician for advice. By signing this form I acknowledge all risks of injury and death and affirm I am willing to assume responsibility should injury or death result from them. I also agree to follow all rules and procedures of the program and to follow reasonable instructions of the coaches and supervisors of the program. Furthermore, in return for the opportunity to participate in this program, I agree for myself, and for my heirs, assigns, executors and administrators, to waive any legal rights I may have to seek payment of any kind from the County, its employees or its agents for bodily injury or death resulting from this program, and to release those parties from any liability for damages resulting from my injuries or death. I understand that the county does not provide insurance.

Signature of Parent or Guardian _____

Date _____